

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9931

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN UNIONVILLE				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE			
d. FULL NAME OF HOSPITAL OR INSTITUTION: MONROE HOSPITAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) MINNIE		b. (Middle) WILLIAMSON		c. (Last)	
4. DATE OF DEATH		Month MARCH		Day 5		Year 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH FEBRUARY 13, 1875	
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months 0		11. IF UNDER 24 HRS. Hours 22		12. IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK				10b. KIND OF BUSINESS OR INDUSTRY AT HOME			
11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JOHN MOORE		13b. MOTHER'S MAIDEN NAME MINERVA KNOTT		14. NAME OF HUSBAND OR WIFE JEFFERSON WILLIAMSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Williamson Unionville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of pelvic organs and sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				153A			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 10, 1949, to March 5, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 12:05A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. P. McDonald DO.				23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 3-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/7/50		24c. NAME OF CEMETERY OR CREMATORY LEMONS CEMETERY		24d. LOCATION (City, town, or county) (State) LEMONS, MISSOURI	
DATE REC'D BY LOCAL REG. 3-21-50		REGISTRAR'S SIGNATURE Maxwell Durbin		FURNERAL DIRECTOR'S SIGNATURE COMSTOCK FURNERAL HOME		ADDRESS UNIONVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0861

RECEIVED
APR 1 1950
District Health Officer No. 10
District File Number 4-50-5-4
APR 1 1950
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

John R. Comstock

Licensed Embalmer No. 3891

P. O. Address *Unionville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.